

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1								51		
2								52		
3								53		
4								54		
5								55		
6								56		
7								57		
8								58		
9								59		
10								60		
11								61		
12								62		
13								63		
14								64		
15								65		
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17								67		
18								68		
19								69		
20								70		
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22								72		
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28								78		
29								79		
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37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.								TOTAL IND.		
TOTAL DEP.								TOTAL DEP.		
TOTAL CLAIMS								TOTAL CLAIMS		